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40581 7590 09/27/2006

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Kelly S. Waltigney	(Depositor's name)
<i>Kelly S. Waltigney</i>	(Signature)
October 23, 2006	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/010,412	12/07/2001	Russel Shirley	AMDA.499CI	6042

TITLE OF INVENTION: MASK IDENTIFICATION DATABASE SERVER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$0	\$1400	12/27/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
KOSOWSKI, ALEXANDER J	2125	700-121000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	1 _____
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(A) NAME OF ASSIGNEE

Advanced Micro Devices, Inc.

10/27/2006 CNEGA2 00000029 010365 10010412

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Sunnyvale, CA. 01 FC:1501 1400.00 DA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

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Date (0-2)-06

Typed or printed name Robert J. Crawford, Esq.

Registration No. 32,122

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